

BB-319

10/2901



United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

1012901  
-001

Policy and Program Development  
4700 River Road, Unit 152  
Riverdale, MD 20737-1237  
Telephone: 301/734-8963

ENQL 7-1 CY02  
PERMANENT  
Retire 05/07

May 17, 2002

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) report; single adverse effects incident

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of December 1, 2001 through February 28, 2002:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
D-A

No. of Incidents  
1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@aphis.usda.gov](mailto:kenneth.dial@aphis.usda.gov).

Sincerely,

Carl Bausch  
Deputy Director, Environmental Services  
Policy and Program Development

Enclosure



APHIS- Protecting American Agriculture

An Equal Opportunity Employer

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE  <b>D-A</b>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT  2-5-02	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 2-5-02	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other <u>MIS</u>	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Ingested

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation)

Application/Pulled unit

EPA REGISTRATION NUMBER  601 56228-15	PRODUCT NAME  M-44 capsule/sodium cyanide	ACTIVE INGREDIENT  Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)  N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes    ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

M-44 placed for livestock protection.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE 2-5-02
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

## DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Domestic dog

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dead dog

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

Dead dog

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

M-44 unit placed in ground

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes☒ No

N/A

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

ADDITIONAL FACTORS

NAME OF PREPARER

SIGNATURE

DATE

5-2-02

NAME OF SUPERVISOR

SIGNATURE

DATE